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30313 7590 09/22/2006

**KNOBBE, MARTENS, OLSON & BEAR, LLP**  
2040 MAIN STREET  
IRVINE, CA 92614

(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/006,867	12/06/2001	Audrey Goddard	P3230R1C1	6830

TITLE OF INVENTION: PRO180 POLYPEPTIDE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(\$ DUE)	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	12/22/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
BLANCHARD, DAVID J	1643	530-350000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1. Elizabeth M. Barnes Mark T. Kresnak 2. Knobbe, Martens, Olson & Bear LLP
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.111. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE Genentech, Inc.	(B) RESIDENCE: (CITY and STATE OR COUNTRY) South San Francisco, California
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Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

<p>4a. The following fee(s) are submitted:</p> <p><input checked="" type="checkbox"/> Issue Fee</p> <p><input type="checkbox"/> Publication Fee (No small entity discount permitted)</p> <p><input checked="" type="checkbox"/> Advance Order - # of Copies 10</p>	<p>4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)</p> <p><input type="checkbox"/> A check is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p>The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form)</p>
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5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature AnneMarie Kaiser Date November 17, 2006

Typed or printed name AnneMarie Kaiser Registration No. 37,649

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